

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-021908**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **372**

VS 300  
Rev. 4/59

**10109**

**25301**

3

4 **0**

5 **1**

6

7 **0**

8 **2**

**9331X**

10

11

12 **2-0**

13 **3-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JUL 9 1962</b> 1. PLACE OF DEATH a. COUNTY <b>BOONE</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>UNIVERSITY OF MISSOURI MEDICAL CENTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LACLEDE</b> c. CITY OR TOWN <b>FALCON</b> d. STREET ADDRESS (If outside, give location) <b>RT. 1</b>	
3. NAME OF DECEASED (Type or print) <b>DARRIS EUGENE BLANKENSHIP</b>		4. DATE OF DEATH <b>JULY 4 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 14 1925</b>
9. AGE (last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	
11. BIRTHPLACE (City and state or country) <b>LEBANON MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>EZRA BLANKENSHIP</b>		13b. MOTHER'S MAIDEN NAME <b>CARRIE KINCHELOE</b>	
14. NAME OF HUSBAND OR WIFE <b>LEONA BLANKENSHIP</b>		15. SOCIAL SECURITY NO. <b>NO</b>	
16. INFORMANT <b>UNIVERSITY OF MISSOURI MEDICAL RECORD</b>		17. Address <b>INTERVAL BETWEEN ONSET AND DEATH</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL EDEMA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MIDDLE CEREBRAL ARTERY HEMORRHAGE</b> DUE TO (c) <b>UNKNOWN CAUSE</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>JULY 2, 1962</b> to <b>JULY 4, 1962</b> and last saw him alive on <b>JULY 3, 1962</b> Death occurred at <b>JULY 4, 1962, 8:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert M. McCallister M.D.</b>		22b. ADDRESS <b>Univ. of Mo. Med. Center, Columbia</b>	
22c. DATE SIGNED <b>July 4 1962</b>		22d. DATE SIGNED <b>July 4 1962</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-6-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Home</b>		23d. LOCATION (City, town, or county) <b>Lebanon, Mo.</b>	
24. FUNERAL DIRECTOR <b>Spunkle, Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 4, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			

JUL 13 1962  
JUL 18 1962

**STATEMENT BY LICENSED EMBALMER**

[illegible]

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer \_\_\_\_\_

Siqnet

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.